
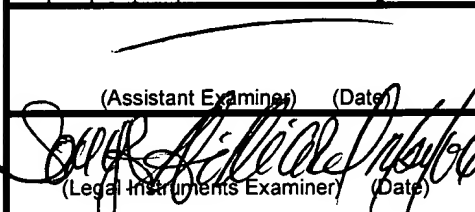
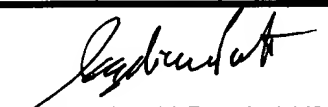


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| <b>Issue Classification</b><br> | <b>Application/Control No.</b> |  | <b>Applicant(s)/Patent under Reexamination</b> |  |
|                                                                                                                  | 09/882,992                     |  | DESANE, BILL                                   |  |
|                                                                                                                  | <b>Examiner</b>                |  | <b>Art Unit</b>                                |  |
|                                                                                                                  | JAGDISH PATEL                  |  | 3693                                           |  |

| ISSUE CLASSIFICATION         |   |          |   |       |                    |                                   |    |  |  |  |
|------------------------------|---|----------|---|-------|--------------------|-----------------------------------|----|--|--|--|
| ORIGINAL                     |   |          |   |       | CROSS REFERENCE(S) |                                   |    |  |  |  |
| CLASS                        |   | SUBCLASS |   |       | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |    |  |  |  |
| 705                          |   | 37       |   |       | 705                | 35                                | 38 |  |  |  |
| INTERNATIONAL CLASSIFICATION |   |          |   |       |                    |                                   |    |  |  |  |
| G                            | 0 | 6        | Q | 40/00 |                    |                                   |    |  |  |  |
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| <br>(Assistant Examiner) (Date) |  | <br>Jagdish N Patel 11/20/06<br>(Primary Examiner) (Date) |  | <b>Total Claims Allowed: 8</b> |                         |
|                                                                                                                  |  |                                                                                                                                            |  | O.G.<br>Print Claim(s)<br>1    | O.G.<br>Print Fig.<br>1 |

|                                                                                        |          |                              |          |                               |          |                                 |          |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
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